

# Department of Health

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## OVERVIEW

### Duties and Responsibilities

The mission of the Department of Health (ODH) is to protect and improve the health of all Ohioans by preventing disease, promoting good health, and assuring access to quality health care. In addition to providing preventive medical services, public health education, and health care services, the Department also performs various regulatory duties.

In addition to the Department's central office operations, there are 135 local health districts that are each governed by a board of health and a health commissioner. Approximately 61% of the Department's budget goes to local health care districts and healthcare providers who are responsible for covering various health services. The local health departments receive funding from many sources. According to the Ohio Association of Health Commissioners, 75% of funds come from local funding sources (levies, inside millage, and fees), 20% comes from state sources (grants, federal pass through dollars, state subsidies), and approximately 5% comes from federal and private sources. The state sources include ODH line items earmarked for specific purposes and subsidy moneys appropriated in the Local Health Department Support General Revenue Fund (GRF) line item 440-413. The subsidy funds are allocated according to a formula developed by the Public Health Council. The Council meets at least four times per year to formulate the rules that govern the Department's activities in preserving and promoting public health. The Governor appoints seven members to serve on the Public Health Council. The Council conducts public hearings, but does not have executive or administrative duties.

The Department's budget is organized into six program series: Disease Prevention, Family and Community Health Services, Quality Assurance, Public Health Preparedness, Services to State Employees, and Program Support.

### Agency in Brief

Agency In Brief					
Number of Employees*	Total Appropriations - All Funds		GRF Appropriations		Appropriation Bill(s)
	2008	2009	2008	2009	
1,443	\$623.68 million	\$614.41 million	\$79.80 million	\$87.87 million	Am. Sub. H.B. 119

\*Employee count obtained from the Department of Administrative Services (DAS) payroll reports as of June 2007.

- The Department receives \$623.7 million in FY 2008 and \$614.4 million in FY 2009
- The budget provides funding of \$2.5 million in each fiscal year for breast and cervical cancer screenings and services
- The budget increases funding in GRF appropriation item 440-505, Medically Handicapped Children, by 22.8% in FY 2008

The biennial funding for the Department is \$1,238,088,619. In FY 2008 the ODH budget appropriation recommendation is \$623,678,762, an increase of 7.1% over FY 2007 adjusted appropriations. In FY 2009, the Department received a 1.5% decrease over FY 2008 appropriations, or \$614,409,857. The Department's GRF appropriations are \$79,799,699 in FY 2008 and \$87,871,084 in FY 2009. This translates to a 4.6% increase in FY 2008 GRF appropriations from FY 2007 GRF adjusted appropriations. FY 2009 GRF appropriations are 10.0% higher than FY 2008 GRF appropriations.

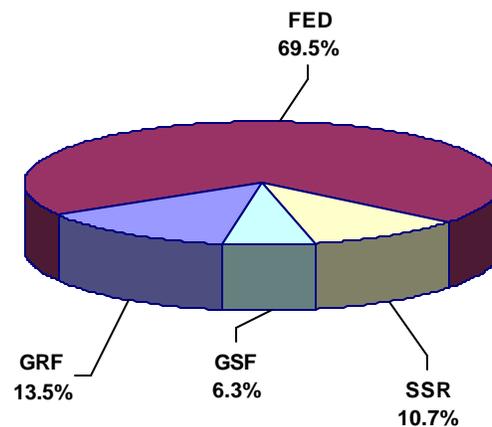
## Type of Appropriations

Federal dollars represent the majority of the Department's funding. As shown in Chart 1, approximately 70% of the biennial appropriation is federally funded (\$860.4 million for the biennium). Included in this funding is the Maternal Child Health Block Grant (Fund 320), the Preventive Health Block Grant (Fund 387), and funding for the Women, Infants, and Children Grant (Fund 389).

In the FY 2008 - 2009 biennium, 13.5% of the appropriations are from the state's GRF (\$167.7 million for the biennium). The GRF dollars are the revenue source for a variety of programs within the Department, including activities like the Ohio Cancer Incidence Surveillance System and local health district subsidies.

The other two main sources of appropriation, about 17.0% of the total budget, are general service funds (\$77.4 million for the biennium) and state special revenue (\$132.5 million for the biennium). SSR appropriations are funded by revenue raised for a specific purpose. One example is the Second Chance Trust Program (Fund 5D6, line item 440-620), which is funded through donations made by individuals when renewing their driver's license.

**Chart 1: Total Budget by Fund Group, FYs 2008-2009**



## **Budget Highlights for FY 2008 – 2009 Biennium**

### **Breast and Cervical Cancer Screening**

ODH receives \$2.5 million in each fiscal year in GRF appropriation 440-438, Breast and Cervical Cancer Screening. These funds are to be used for breast and cervical cancer screenings and services as permitted under the National Breast and Cervical Cancer Early Detection Project.

### **Uncompensated Care and Emergency Medical Assistance**

ODH receives \$3.5 million in FY 2009 in GRF appropriation 440-511, Uncompensated Care and Emergency Medical Assistance. These moneys will be used to fund programs that provide health care without ability to pay. However, the budget bill specifies that this is not an entitlement program and services are offered only to the extent that funding is available.

### **Autism Diagnosis Education Pilot Program**

The budget bill creates the Autism Diagnosis Education Pilot program. The program's mission is to educate health care professionals, educational personnel, childcare providers, parents, and community-based services providers about autism spectrum disorders. The program is also to promote appropriate autism diagnosis standards and to encourage regional coordination of information and autism-related services. ODH is required to contract with a statewide association representing pediatricians to conduct or administer the program. The program receives funding of \$500,000 in FY 2008 and \$300,000 in FY 2009. These funds are earmarked from GRF appropriation item 440-459, Help Me Grow.

### **Sewage Treatment Systems**

On January 1, 2007, ODH implemented new Sewage Treatment System rules as a result of Sub. H.B. 231 of the 125th General Assembly. These rules established standards and guidelines for new and replacement household septic and sewage treatment. The budget bill suspends the operation of specified provisions of Sub. H.B. 231 until July 1, 2009. The bill also restores the laws relating to the household sewage disposal systems that existed prior to the Household and Small Flow On-Site Sewage Treatment Systems Law's enactment until July 1, 2009. After July 1, 2009, the changes to the law made by Sub. H.B. 231 are restored. The budget bill further requires that by July 2, 2007, the Director of Health adopt rules related to household sewage disposal systems that were in effect prior to January 1, 2007. The budget bill also levies an application fee of \$25 for a sewage treatment system installation permit and requires the appropriate board of health to collect the fee on behalf of ODH. The budget bill revises the membership, duties, and appointment procedures pertaining to the Sewage Treatment System Technical Advisory Committee. The budget bill also creates the Household Sewage and Small Flow On-Site Sewage Treatment System Study Commission to recommend standards concerning household sewage treatment systems and small flow on-site sewage treatment systems.

The budget bill also creates the Sewage Treatment System Innovation Fund (Fund 5CJ) within ODH. Any revenues deposited into the fund are appropriated to appropriation item 440-654, Sewage Treatment System Innovation, in the fiscal year in which the revenues are received. ODH must certify on July 1, 2008, to the Director of Budget and Management the total FY 2008 unencumbered appropriations in the appropriation item. ODH may direct the Director to transfer the applicable amount to FY 2009. Additional appropriation authority equal to the amount certified by ODH is appropriated in FY 2009.

## **Federally Qualified Health Centers (FQHCs)**

The budget bill permits ODH to enter into an agreement with the state's primary care association to promote the establishment of new federally qualified health centers (FQHCs) and FQHC look-alikes. The budget bill also permits ODH and the state's primary care association to assist local communities and health centers by providing grants and grant writing assistance to establish health centers. The budget also permits ODH to establish a pilot program to place two FQHCs within or adjacent to hospital emergency departments. These provisions are permissive and ODH received no funding in the budget for these initiatives. According to ODH, its Primary Care Section currently provides technical assistance to FQHCs, look-alikes, and communities that are working toward federal designation, as well as providing assistance with provider recruitment and granting awards to improve access. These activities will continue. However, without additional resources, ODH is unable to commit the necessary staff to effectively develop the pilot programs. ODH will comply with requirements within the bill regarding progress reports to the legislature.

The budget bill also extends participation in the Medical Liability Insurance Reimbursement program to FQHC look-alikes. The budget provides funding of \$250,000 in each fiscal year in GRF 440-431, Free Clinic Liability Insurance, for the program.

## **College Pregnancy and Parenting Offices Pilot Program**

The budget bill requires ODH to conduct a pilot program in FY 2009 to award grants to up to four institutions of higher education to establish and operate offices that provide support to students who are pregnant or are the parents or legal guardians of one or more minors. The pilot program receives funding of \$50,000 in FY 2009. The funds are earmarked from GRF appropriation item 440-416, Child and Family Health Services.

## **In-Patient Hospital Days for the Cystic Fibrosis Program**

The budget bill permits, to the extent that funding is available, the coverage of up to 18 in-patient hospital days for participants in the Cystic Fibrosis program. ODH receives funding of \$1,681,023 in each fiscal year in GRF appropriation item 440-507, Targeted Health Care Services Over 21 for the Cystic Fibrosis program. These funds are also used to administer the Cystic Fibrosis program and to implement the Hemophilia Insurance Premium Payment program, as well to provide essential medications and to pay co-payments for drugs approved by ODH and covered by Medicare Part D that are dispensed to Cystic Fibrosis participants.

## **Vetoed Provisions**

### **Hospital Performance Web Site Contract**

The Governor vetoed a provision in the budget bill that removed a limitation in existing law under which the Director of Health is to enter into a contract to make hospital performance information available on a web site only to the extent that the General Assembly has made appropriations.

The budget bill earmarks \$50,000 in FY 2008 in State Special Revenue appropriation item 440-647, Fee Supported Programs, (Fund 470) for ODH to make hospital performance information available on a web site as required in section 3727.391 of the Revised Code. The Governor vetoed language that specifies that ODH is to enter into a contract to make this information available.

## Healthy Ohio

The Governor vetoed an earmark of \$200,000 in FY 2009 in GRF appropriation item 440-437, Healthy Ohio that was to be used to purchase pneumococcal vaccinations for children. Subsequently, the Governor also vetoed language that specified the amounts that were to be used for various activities within the line item.

The Governor also vetoed language that required ODH to develop an assessment template to be used by certain agencies to conduct self-assessments regarding care coordination and subsequently required agencies to submit their assessment results to ODH not later than January 1, 2008. Language that specifies the assessment template is vetoed.

The Governor also vetoed language that required ODH to initiate pilot programs throughout the state to offer financial support to care coordination providers who meet certain eligibility requirements and serve individuals at risk for catastrophic and expensive health conditions.

## Abstinence and Adoption Education

The Governor vetoed language that specified that the guidelines for the abstinence and adoption education programs must be developed pursuant to Title V of the "Social Security Act," 42 U.S.C. 510, and shall include, but are not limited to, advertising campaigns and direct training in schools and other locations. The program still receives funding.

## ANALYSIS OF THE BUDGET

### Program Series

### 1: Disease Prevention

**Purpose:** The role of the Disease Prevention Program Series is to promote health and prevent disease through population based assessment and intervention.

The following table shows the line items that are used to fund the Disease Prevention Program Series, as well as the FYs 2008 - 2009 appropriations.

Fund	ALI	Title	FY 2008	FY 2009
<b>General Revenue Fund</b>				
GRF	440-407	Animal Borne Disease & Prevention	\$2,327,101	\$2,327,101
GRF	440-412	Cancer Incidence Surveillance System	\$1,002,619	\$1,002,619
GRF	440-418	Immunizations	\$9,400,615	\$9,400,615
GRF	440-437	Healthy Ohio	\$1,502,618	\$2,855,553
GRF	440-438	Breast and Cervical Cancer Screenings	\$2,500,000	\$2,500,000
*GRF	440-444	AIDS Prevention & Treatment	\$1,932,694	\$1,932,694
GRF	440-446	Infectious Disease Prevention	\$200,000	\$200,000
*GRF	440-451	Lab and Public Health Prevention	\$5,989,339	\$5,984,640
GRF	440-454	Local Environmental Health	\$889,752	\$889,752
<b>General Revenue Fund Subtotal</b>			<b>25,744,738</b>	<b>27,092,974</b>
<b>State Special Revenue Fund</b>				
*4L3	440-609	Miscellaneous Expenses	\$349,764	\$349,764
4T4	440-603	Child Highway Safety	\$233,894	\$233,894
*470	440-647	Fee Supported Programs	\$8,260,426	\$8,260,426
*5B5	440-616	Quality, Monitoring and Inspections	\$377,316	\$377,315
5CB	440-640	Poison Control Centers	\$150,000	\$150,000
5C0	440-615	Alcohol Testing and Permit	\$1,455,405	\$1,455,405
5D6	440-620	Second Chance	\$1,054,951	\$1,054,951
5ED	440-651	Smoke Free Indoor Air	\$800,000	\$800,000
*610	440-626	Radiation Emergency Response	\$791,497	\$788,452
<b>State Special Revenue Fund Subtotal</b>			<b>\$13,473,253</b>	<b>\$13,470,207</b>
<b>General Services Fund</b>				
*142	440-646	Agency Health Services	\$180,000	\$180,000
*211	440-613	Central Support Indirect Costs	\$770,000	\$770,000
473	440-622	Lab Operating Expenses	\$4,954,045	\$4,954,054
<b>General Services Fund Subtotal</b>			<b>\$5,904,045</b>	<b>\$5,904,045</b>
<b>Federal Special Revenue Fund Group</b>				
*320	440-601	Maternal Child Health Block Grant	\$172,412	\$172,412
*387	440-602	Preventive Health Block Grant	\$7,826,659	\$7,826,659
*392	440-618	Federal Public Health Programs	\$29,185,623	\$29,853,384
<b>Federal Special Revenue Fund Group Subtotal</b>			<b>\$37,184,694</b>	<b>\$37,852,455</b>
<b>Total Funding: Disease Prevention</b>			<b>\$82,306,730</b>	<b>\$84,319,681</b>

\*Amount does not reflect total appropriation because the line item funds other program series.

This analysis focuses on the following specific programs within the Disease Prevention Program Series:

- **Infectious Disease**
- **Healthy Ohio**
- **Environmental Health**
- **Public Health Labs**
- **Radiation Protection**
- **Alcohol Testing & Permit**
- **Epidemiology**
- **Second Chance**
- **Prevention Program Support**

## **Infectious Disease**

**Program Description:** The Infectious Disease Control program prevents the occurrence and transmission of infectious disease through both primary (e.g., immunization) and secondary (interdiction of outbreaks) prevention modalities. The program was established in 1983 in R.C. section 3701.24. This program serves local health departments, health care providers, the general public, and other programs within the Department of Health.

The program provides for the following activities: analysis of surveillance data; detection of outbreaks; lab testing; survey development and analysis for outbreaks; purchase of vaccines for public clinics; vaccine delivery to public and private providers; immunization registry development and maintenance to track vaccinations; purchase of vaccine and immune globulin for birthing hospitals for prevention of perinatal hepatitis B in infants; tuberculosis, HIV, and STD lab testing; training and education for intervention programs; on-site monitoring for vaccine providers. Prevention and control activities include education, testing for disease, purchase of drugs, providing investigations into outbreaks of diseases, and surveillance or tracking of diseases.

**HIV Prevention.** Community-based organizations receive federal funds that are passed through ODH. These organizations provide HIV testing and prevention counseling for over 40,000 individuals per year. Nine local health departments also receive federal and GRF funding to provide educational activities.

**Implication of the Budget:** As a result of funding the program, among other things, will be able to: purchase over 585,000 vaccines for public clinics and the Vaccine for Children program; test up to 400,000 mosquitoes, 1,000 ticks, and 2,000 birds for West Nile Virus; and provide HIV testing and prevention counseling for 40,000 individuals per year. GRF appropriation item 440-407, Animal Borne Disease and Prevention, received funding of \$2,327,101 in each fiscal year, which represents a decrease of 5.1% over FY 2007 adjusted appropriations. ODH is currently trying to obtain federal dollars to offset this reduction. If ODH does not receive these federal dollars, ODH will limit purchases of vaccine-laden baits and baiting activities designed to prevent the spread of rabies throughout Ohio.

## **Healthy Ohio**

**Program Description:** This program is a statewide health and wellness initiative to encourage Ohioans to adopt healthier behaviors and lifestyles. The long-term goal of the program is to reduce Ohio's chronic disease by motivating Ohioans to change their unhealthy habits into healthy ones. The program provides information resources and programs for Ohioans to improve nutrition, increase physical activity, and prevent tobacco use. The program provides health education and health promotion technical

assistance and consultation to local agencies and communities. The program also includes efforts to prevent and control tobacco use, arthritis, cardiovascular disease, and diabetes. The program also provides several local project grants. Some grant highlights are discussed below:

- The Breast and Cervical Cancer program will fund 11 agencies at approximately \$184,000 each and provide breast and cervical cancer screenings to 10,000 low-income women per year;
- The Injury Prevention Program funds 15 local agencies at approximately \$35,000 each;
- The Community Heart Health program funds 17 local agencies with grants hat total \$1.93 million;
- The Sexual Assault and Domestic Violence Prevention program will fund 11 agencies at approximately \$47,000 each; and
- 5,280 child passenger safety seats will be provided to families that meet program eligibility requirements.

The primary goal of the program is to reduce the incidence of chronic diseases and injuries by motivating Ohioans to change their unhealthy habits. Progress is measured by achievement of program activities as well as prevalence and incidence data of chronic diseases.

**Implication of the Budget:** With the funding provided, the program, among other things, will provide early detection of breast and cervical cancer to 11,000 low-income women between the ages of 50 and 64 and provide education about colorectal and skin cancer. The program will also help reduce the number of deaths in the state due to heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes by encouraging people to adopt healthy lifestyles and/or to effectively manage their disease. ODH received funding of \$2.5 million in each fiscal year in new GRF appropriation item 440-438, Breast and Cervical Cancer Screening. The funds are to be used for breast and cervical cancer screenings and services as permitted under the National Breast and Cervical Cancer Early Detection Project.

## Environmental Health and Toxicology

**Program Description:** This program protects the health of Ohioans by monitoring and investigating noninfectious diseases and special health problems related to the environment. The program uses risk assessment, health education, human studies, epidemiological and biostatistical analysis to assess and prevent exposure to toxins. The program also includes the inspection of migrant labor camps. The program was established in 1981 by R.C. section 3701.14.

The following are a few examples of services provided by the program:

- Plan approval, licensing, and inspection of agricultural-migrant labor camps;
- Review approval and compliance inspection of engineering plans for swimming pools/spas, manufactured home parks, marinas, and RV parks/camps;
- Assuring local health department compliance with regulatory requirements through survey and complaint investigations in food safety, private water systems, household sewage treatment systems, etc.;
- Approve courses and certify individuals in food protection;

- Register and monitor bonding requirements of private water systems contractors and conduct related enforcement;
- Conduct reviews for approval/disapproval of sewage treatment system pretreatment components, tanks, and drip distribution systems;
- Develop and maintain guidance and associated forms/checklists for school inspections;
- Provide training for sanitarians and school personnel on school environmental health and safety;
- Provide recall information regarding food products to local health departments; and
- Sample and analyze water from selected public bathing beaches along the Lake Erie shoreline and advise local officials when public health use advisories need to be posted.

A majority of the services conducted under this program are mandated through state statute and serve the entire state. Fees supply most of the funding for this program. Federal funds support a significant portion of indoor environments, asthma, and health assessment of chemically contaminated sites.

**Implication of the Budget:** The funding provided will fund food protection certification courses and certify 6,000 individuals in food protection; allow for the investigation and evaluation of hazardous materials spills; and facilitate annual reviews, approval, and monitoring of engineering plans for 300 swimming pools/spas, 70 manufactured home parks, 15 marinas, 35 RV parks, and 10 flood plain permits. Funding will also provide \$50,000 in each fiscal year to poison control centers in Columbus, Cleveland, and Cincinnati.

## Public Health Laboratories

**Program Description:** The Public Health Laboratories program provides testing to assist in identification of potential disease outbreaks, aids in the recognition of environmental hazards, provides initial screening for metabolic diseases of all newborns in Ohio, and provides other laboratory services. The first public health lab in Ohio was established in 1898. The program is established in law in R.C. sections 3701.22 and 3701.23. The lab maintains a role in the education of future laboratorians by working in conjunction with The Ohio State University. This partnership assists in teaching medical technology students and offers practical experience in a production laboratory facility. The lab is the only lab in Ohio providing bioterrorism testing.

The testing offered by the lab supports public health programs such as HIV, STD, Infectious Disease Outbreaks, Bioterrorism, Children with Medical Handicaps, Radiation Protection, Environmental Health, and Rabies. The lab also performs testing for hospitals in Ohio to assist in diagnosing and identifying bacteria or viral diseases. In 2005, the lab provided over 4.5 million test results to customers. Some of testing provided is highlighted below:

- The Newborn Screening program, which tests for genetic, endocrine, and metabolic disorders, and identifies newborn babies who may be at risk for several serious diseases, tested 152,000 infants. Ohio currently mandates testing of all newborns for 32 disorders;
- The Gonorrhea/Chlamydia testing program provided 146,000 test results to Ohio citizens; and
- The HIV testing program provided 64,000 test results to Ohio citizens.

The goal of the program is to provide accurate and rapid lab results to all customers. Results are measured by taking into consideration such things as testing turnaround time, quality assurance, and quality control.

**Implication of the Budget:** The funding provided will allow FY 2007 service levels to be maintained. As such, the lab will be able to run over four million tests per year for reference microbiology services, newborn screening, radiological chemistry tests, laboratory training and preparedness services, food-borne disease tests, HIV tests, out break tests, and tuberculosis tests. The funding will also provide necessary resources to protect citizens against select agent incidents and public health emergencies, such as anthrax and smallpox.

## Radiation Protection

**Program Description:** The Radiation Protection program is responsible for the regulatory control of radiation sources in Ohio. The purpose of the program is to control the possession, use, handling, storage, and disposal of radiation sources and to maintain the radiation dose to the general population within limits established in rule. This limit is established with standards adopted by the National Council on Radiation Protection and Measurement, the Conference of Radiation Control Program Directors, American National Standards Institute, Food and Drug Administration, and other national standard-setting bodies. The program is responsible for licensing the possession and use of radioactive material, registering radiation-generating equipment, and inspecting facilities housing these radiation sources. The technologists operating radiation-generating equipment and nuclear medicine are also licensed. The program also oversees the cleanup of contaminated facilities, responds to radiation accidents, investigates reports of excessive radiation doses, and sponsors local health departments in radon testing programs for schools and homes. ODH is designated as the Radiation Control Agency for Ohio. The responsibilities that go with this designation are outlined in R.C. section 3748.02.

The regulated community consists of most academia, industry, hospitals, practitioners of the healing arts, and other government agencies. The program is supported through fees charged for licensing, registering, and inspecting facilities that deal with radiation.

**Implication of the Budget:** The funding provided will allow FY 2007 service levels to be maintained. Therefore, ODH will continue inspecting over 6,000 x-ray machines, providing quality assurance inspections at 100 hospitals, provide for the licensing of 630 facilities and the annual inspection of 300 facilities using radioactive material, and inspecting 150 assemblers and maintainers, fund 15,000 registration, including amendments, for x-ray facilities each year, fund 6,500 licensing actions annually for x-ray equipment operators, and provide for radiological emergency response activities.

## Alcohol Testing and Permit

**Program Description:** The goal of the program is to ensure that drunken driving charges are not dropped due to inoperable/inaccurate equipment and non-licensed and untrained persons conducting the chemical testing. The program attempts to ensure that the solution that police use to calibrate breathalyzer machines is accurate. The program also trains new police officers on how to properly use the equipment. The Department also is charged with insuring the quality assurance of labs that run blood and urinalysis tests for alcohol levels. The program issues 777 new breath analyzer permits and approximately 10,000 renewal breath analyzer permits each year. The program also conducts site inspections for over 40 alcohol/drug laboratories and for approximately 560 law enforcement agencies annually for compliance with rules. The program is established in R.C. section 3701.143.

In 2005, the Ohio Department of Public Safety reported 7,816 alcohol related crashes, which resulted in 315 deaths.

**Implication of Executive Recommendation:** ODH received funding of \$1,393,537 in each fiscal year for this program. This will allow FY 2007 service levels to be maintained. This will allow the program to issue permits to over 10,000 breath analyzer operators, 49 drug and 209 alcohol testing laboratories, among other things.

## Epidemiology

**Program Description:** The Epidemiology Program conducts population-based surveillance/tracking for diseases and other health conditions and risk factors. The information is used to provide guidance to disease prevention and control programs. The program tracks the occurrence of infectious diseases, including HIV, tuberculosis, sexually transmitted diseases, and many other infectious diseases. The program also conducts cancer surveillance as required by R.C. section 3701.26.

**Implication of the Budget:** The funding will allow the program to maintain FY 2007 service levels, as well as provide for the cost-of-living increases. Thus, funding will, among other things, provide data for disease prevention and control programs by tracking the occurrence of infectious diseases including HIV, tuberculosis, sexually transmitted diseases, and over 70 other infectious diseases.

## Second Chance

**Program Description:** The Second Chance Trust program awards funding to local projects to increase awareness about the need for organ donors. In fact, approximately \$800,000 each year is granted to agencies to build ways to reach the public about the importance of organ, tissue, and eye donation. The program is funded through a \$1 donation made when renewing a driver's license. Funds are also donated from individuals and organizations.

**Implication of the Budget:** ODH received \$1,054,951, in each fiscal year for the program. This funding will allow the program to continue to operate at FY 2007 service levels. As a result, ODH will provide \$800,000 per year for a comprehensive statewide marketing campaign to increase registered donors as part of the National Donor Designation Collaborative Project. The funding will also provide for brochures for the Ohio Bureau of Motor Vehicle offices and driver education decision kits for state licensed driving schools.

## Prevention Program Support

**Program Description:** The Prevention Program Support program provides leadership and technical assistance to the division including development, review, and comment on legislation and regulations pertinent to division specific programs. The program also plays a leadership role in the development of public health policy at the national, state, and local levels. Additionally, program activities include coordination and planning of activities for disaster preparedness, readiness, and response; environmental health; infectious disease prevention and control; the identification and addressing of lifestyle risk factors for chronic diseases; the prevention of injury; increased public safety and protection through radiological protection, alcohol testing, and the public health laboratory.

**Implication of the Budget:** The funding will provide administration program activities for prevention programs including human resource coordination, administrative management, rule review and development, budget/purchasing support, and grant/contract support. This program began in FY 2007 in preparation for OAKS implementation to better capture scope and cost of activities performed.

**Program Series****2: Family and Community Health**

**Purpose:** The Division of Family and Community Health Services seeks to assure that health services are available for Ohioans; provide health services that are accessible, appropriate, affordable, available, acceptable, family-centered, guided by local needs, coordinated, culturally sensitive, reflective of consumer involvement, and comprehensive.

The following table shows the line items that are used to fund the Family and Community Health Program Series, as well as the budget funding levels.

Fund	ALI	Title	FY 2008	FY 2009
<b>General Revenue Fund</b>				
GRF	440-416	Child & Family Health Services	\$9,522,874	\$9,622,874
GRF	440-425	Abstinence and Adoption Education	\$500,000	\$500,000
GRF	440-431	Free Clinic Liability Insurance	\$250,000	\$250,000
*GRF	440-444	AIDS Prevention & Treatment	\$5,225,433	\$5,225,433
GRF	440-452	Child & Family Health Services Match	\$1,024,017	\$1,024,017
GRF	440-459	Help Me Grow	\$10,923,397	\$14,041,847
GRF	440-505	Medically Handicapped Children	\$10,791,784	\$10,791,784
GRF	440-507	Targeted Health Care Services Over 21	\$1,681,023	\$1,681,023
GRF	440-511	Uncompensated Care/Emergency Medical Assistance	\$0	\$3,500,000
<b>General Revenue Fund Subtotal</b>			<b>\$39,918,528</b>	<b>\$46,636,978</b>
<b>State Special Revenue Fund</b>				
*470	440-647	Fee Supported Programs	\$270,975	\$270,975
477	440-627	Medically Handicapped Children Audit	\$3,693,016	\$3,693,016
4D6	440-608	Genetics Services	\$3,317,000	\$3,317,000
4F9	440-610	Sickle Cell Disease Control	\$1,035,344	\$1,035,344
4G0	440-637	Birth Certificate Surcharge	\$5,000	\$5,000
*4L3	440-609	Miscellaneous Expenses	\$54,234	\$54,234
4V6	440-641	Save Our Sight	\$1,767,994	\$1,767,994
5CN	440-645	Choose Life	\$75,000	\$75,000
666	440-607	Medically Handicapped Children Co. Assess	\$14,320,687	\$14,320,687
<b>State Special Revenue Fund Subtotal</b>			<b>\$24,539,250</b>	<b>\$24,539,250</b>
<b>General Services Fund</b>				
*142	440-646	Agency Health Services	\$100,000	\$100,000
<b>General Services Fund Subtotal</b>			<b>\$100,000</b>	<b>\$100,000</b>
<b>Federal Special Revenue Fund</b>				
*320	440-601	Maternal Child Health Block Grant	\$30,494,223	\$30,494,223
389	440-604	Women, Infants, and Children	\$230,077,451	\$230,077,451
*392	440-618	Federal Public Health Programs	\$50,547,559	\$50,547,559
<b>Federal Special Revenue Fund Subtotal</b>			<b>\$311,119,233</b>	<b>\$311,119,233</b>
<b>Total Funding: Family &amp; Community Health</b>			<b>\$375,677,011</b>	<b>\$382,395,461</b>

\* Amount does not reflect total appropriation because the line item funds other program series.

This analysis focuses on the following specific programs within the program series:

- **Children with Medical Handicaps**
- **Child & Family Health**
- **Oral Health**
- **Nutrition**
- **Help Me Grow**
- **Community Health Services and System Development**
- **Research and Evaluation**
- **Abstinence**
- **Family & Community Health Services Program Support**

## **Children with Medical Handicaps**

**Program Description:** The Children with Medical Handicaps program includes the following programs: (1) Treatment services for BCMH, (2) Diagnostic services for BCMH, (3) Hospital Based Service Coordination for BCMH, (4) Adult Cystic Fibrosis, (5) Adult Hemophilia Premium Payment, (6) Genetics, (7) Sickle Cell, (8) Birth Defects, and (9) Metabolic Formula. Services are typically limited to those who meet medical and/or financial criteria. Some individual programs are discussed below.

**Treatment Services for BCMH.** Children receive services from BCMH-approved providers for treatment of an eligible condition. To be eligible the condition must be chronic, physically handicapping, and amenable to treatment. Not all conditions are eligible. Medical and financial eligibility are required – 185% of the federal poverty level using the adjusted gross income from federal tax forms, and factoring in some set-asides such as child care, insurance premium payments, and the severity of the child’s condition. The BCMH Treatment program also offers a cost share program to all families who are denied benefits based on their income. Families become eligible after having spent down their income to BCMH-eligible levels. Services that are provided include: lab tests and xrays; visits to BCMH-approved doctors; prescriptions; physical, occupational, and speech therapy visits; medical equipment and supplies; surgeries and hospitalizations; and service coordination; etc.

**Diagnostic Services for BCMH.** Children receive services for three months from BCMH-approved providers to rule out or diagnose a special health care need or establish a plan of treatment. Examples of services are: tests and x-rays, visits to BCMH-approved doctors, up to five days in the hospital, etc. There are no financial eligibility requirements for this program. One way to think of this program is that the “diagnostic services” are the initial entry into BCMH to determine whether or not a child medically qualifies for the program. Even if the child ultimately is not medically eligible or financially eligible, the program will still pick up the expenses to determine this.

**Hospital-Based Service Coordination for BCMH.** Helps families locate and coordinate services for their child. The program is available for a limited number of diagnoses. To be eligible, a child must be under the care of a multidisciplinary team at a center approved by BCMH for service coordination. The program does not pay for medical services. The program works with the family and public health nurse to develop a plan to meet the needs of the child. Financial eligibility is not required. In FY 2006, BCMH provided hospital-based service coordination to 1,486 children.

**Adult Cystic Fibrosis.** Provides prescription medications, medical supplies, basic physician services, and basic outpatient services to adults with cystic fibrosis, as well as some basic physician services and outpatient hospital services. In FY 2006, BCMH provided services to 115 people.

**Adult Hemophilia Premium Payment.** Provides insurance premium payments to adults with hemophilia. In FY 2006, BCMH provided services to 26 people.

**Genetics.** Provides genetic counseling, education, consultation, diagnosis, and treatment services, as well as helping with the education of health professionals and the general public. Grants are awarded each year to eight Regional Comprehensive Genetic Centers in Ohio for approximately \$1.95 million. The centers provide clinical services and education to over 67,000 individuals and an additional 130,000 individuals who attend health fairs and media events.

**Sickle Cell.** The Sickle Cell Services program has the goal of ensuring access to quality, comprehensive sickle cell services, and to promote public and professional awareness of sickle cell and related hemoglobinopathies. The ODH program works in partnership with funded projects around the state to provide culturally sensitive, multi-disciplinary counseling, education, and treatment services to children and adults. In FY 2006, 15,000 individuals benefited from these services.

**Birth Defects.** Provides education and referral services to parents and/or guardians of children reported to have a birth defect. In FY 2006, 4,500 individuals benefited from these services.

**Metabolic Formula.** ODH provides metabolic formula to individuals born with Phenylketonuria and Homocystinuria. Without these special formulas, individuals may develop brain damage and mental retardation. ODH provides the metabolic formula through a contract with a pharmacy that orders, stores, and ships the formula to the program participant's home. The pharmacy bills private insurance, Medicaid, BCMH, the Women, Infants, and Children program, or the Bureau of Early Intervention program. The formula is provided at no cost to the participant. In FY 2006, 300 individuals benefited from these services.

The goal of the program is to, among other things, assure that children and adults have access to community-based health care services, to eliminate health disparities, and to improve quality of life.

**Implication of the Budget:** As a result of this funding level, ODH will be able to provide treatment for approximately 20,000 children; provide diagnostic services for over 5,000 children; provide service coordination for approximately 1,500 children; provide insurance premiums for 30 adults with hemophilia; fund eight Regional Comprehensive Genetic Centers in Ohio that provide clinical services and education to over 67,000 individuals; and provide prescription medication, outpatient hospital services, basic physician services and medical supplies to 150 adults with cystic fibrosis. The budget bill also permits, to the extent that funding is available, the coverage of up to 18 in-patient hospital days for participants in the Cystic Fibrosis program.

Please note that in the FY 2006 - 2007 biennium budget, the appropriation for the GRF line item 440-507, Targeted Health Care Services Over 21, was \$1,681,023 in each fiscal year. Prior to the end of FY 2006, ODH received approval from the Controlling Board to carry forward about \$683,551 into FY 2007. This carry forward was a result of reenrolling individuals onto the program in the FY 2006 - 2007 biennium. This carry forward increased FY 2007 appropriation from \$1,681,023 to \$2,364,574. As a result, proposed FY 2008 and 2009 appropriation levels of \$1,681,023 in each fiscal year appear as a reduction from FY 2007 estimated appropriation level of \$2,364,574. The amounts retain level funding when compared to the FY 2007 original funding level.

## Child and Family Health Services

**Program Description:** The Child and Family Health Services (CFHS) program includes the following services or sub-programs: Child & Family Health Services program; Prenatal Smoking Cessation Services program; Child Fatality Review program; Family Planning (Title X) program; Ohio Childhood Lead Poisoning Prevention program; Ohio Infant Mortality Reduction Initiative program; Prenatal Smoking Cessation Services program; Regional Perinatal Services program; Save Our Sight program; Specialty Medical Services program; Sudden Infant Death program; and the Women's Health Services program. A few of these services will be discussed in detail below.

**Child & Family Health Services Program.** This program conducts community health assessments and implements population-based, enabling and/or direct health care services (perinatal, family planning, and child health). The program provides services primarily to un/underinsured children and pregnant women statewide. The program funds 72 subgrantees that provide funds for community health assessments designed to identify gaps in services and public health needs for the maternal and child population in 73 counties. These funds also provide for population-based services such as public health campaigns that address such issues as Sudden Infant Death Syndrome, childhood obesity, and early prenatal care. The Ohio Infant Mortality Reduction Initiative component of the CFHS program targets neighborhoods with high-risk low-income pregnant women for first trimester prenatal care. CFHS funds also provide health care services such as translation, transportation, and care coordination for over 13,000 women and nearly 33,000 children annually. When prenatal care, family planning, and/or well-child care are not available in a county, CFHS funds provide direct health care to over 17,600 women and over 14,000 children a year. In FY 2006, local subgrants ranged from \$30,000 to \$1.55 million with subsidies totaling \$12.29 million.

**Child Fatality Review Program.** This activity was created in 2000 to reduce the incidence of preventable child deaths. Ohio Revised Code section 307.621 mandates that each county in Ohio establish a child fatality review board to review the deaths of all children under 18 years of age residing in that county. These local boards are required to submit information concerning the deaths of children to ODH. In cooperation with the Children's Trust Fund Board, the Department is required to prepare, publish, and distribute a report concerning the data collected and is required to provide an annual training seminar. The program operates in all 88 counties.

**ODH Family Planning Program.** The Title X Family Planning program provides the following services: screening for breast and cervical cancer; gynecological examinations and the provision of contraception; laboratory testing, urine dipstick for diabetes and pregnancy testing, colorectal screening for clients over 40 years of age; blood pressure, height and weight measurements; thyroid, heart, lung, abdominal and extremities check; screening and treatment for sexually transmitted diseases, including HIV risk assessment, education, and testing; patient education and information about contraception, infertility, pregnancy, sterilization, preconception, interconception, and nutrition; determination of Rubella immunity status, Hepatitis B status and DES exposure; referral and follow-up of other needed services; counseling to minors on resisting attempts to coerce in engaging in sexual activities; and community outreach and education. The programs have been flat funded since 2003. The Public Health Services pricing for contraceptives has increased from \$3 a pack to \$21 a pack as of July 1, 2006. In 2006, the program provided 146,635 visits, of which 83% were to clients at or below 150% of the Federal Poverty Level and 22% were to Medicaid clients.

**Save Our Sight (SOS) Program.** This program was created to ensure that children in Ohio have good vision and healthy eyes. The program accomplishes this through the early identification of children with vision problems and the promotion of good eye health and safety. One in four schoolchildren and one in twenty preschoolers have vision problems. If left untreated, these problems may affect a child's

learning and development. The SOS program funds are disbursed through three grant programs: the Save Our Sight Children's Vision program, Ohio Amblyope Registry, and the Save Our Sight Children's Protective Eyewear program. The funds provide the following services to all Ohio counties: training, certification, and equipping of vision screeners; provision of protective eyewear for youth sports and school activities; development and provision of eye health and safety programs in schools; and the development and implementation of an Amblyope Registry. More than 28,000 children have received protective eyewear as a result of the program. Estimates of children reached by educational programs are in the hundreds of thousands. The program expends close to \$1 million annually on subgrantee programs.

**Women's Health Services Program.** The program provides: pelvic exams and lab testing; breast exams and patient education on breast cancer; screening for cervical cancer; screening and treatment for STDs and HIV screening; voluntary choice of contraception, including abstinence and natural family planning; patient education and pre-pregnancy counseling on the dangers of smoking, alcohol, and drug use during pregnancy; education of sexual coercion and violence in relationships; and prenatal care or referral for prenatal care. The program was established to serve low-income women in vulnerable populations. The program provided grants to twenty local health departments that competed for a competitive grant application process and were reviewed by an external grant review panel. For 2006, the funded agencies reported 17,669 encounters with family planning and prenatal clients.

**Regional Perinatal Services Program.** The program is designed to promote access to evidence-based and risk-appropriate perinatal care to women and their infants through regional activities with the goal of reducing perinatal mortality and morbidity. The program provides funding to six agencies to support regional perinatal system development including coordination or resources for prenatal, delivery/birth, post-partum, and newborn care. All maternity and newborn care hospitals, local departments and other public health entities are assisted by the regional perinatal center program. Each grantee is awarded \$90,000.

**Specialty Medical Services Program.** The program provides clinical services for children in 52 counties in Ohio. There are four types of clinics: Hearing, Neurology, Orthopedic, and Vision. These clinics improve access for low-income children to pediatric specialists in medically underserved areas. The clinical services are provided through a contractual arrangement with providers and ODH. The majority of the clinics are provided in rural/Appalachian counties. The program served more than 5,300 children in FY 2006.

**Ohio Childhood Lead Poisoning Prevention Program.** The program is a comprehensive lead poisoning prevention program. It is the collection point for all blood analysis performed on Ohio residents. The program is required by statute to complete public health lead investigations on all children in its jurisdiction who have a confirmed blood lead level of ten micrograms per deciliter of whole blood. The program also provides lead poisoning prevention education to medical and public health providers. The program funds six local jurisdictions to facilitate comprehensive childhood lead programs in their local communities that mirror the Ohio Children Lead Poisoning Prevention program at the state level. The program also funds four Regional Resource Centers whose purpose is to provide lead education, distribute program materials and maintain local collaboratives to prevent lead poisoning. As a result of this program, over 100,000 children will receive a lead test.

**Implication of the Budget:** ODH received funding of \$3.5 million in FY 2009 in GRF appropriation item 440-511, Uncompensated Care/Emergency Medical Assistance, which is a new GRF appropriation item. Of this \$3.5 million, \$3.0 million will be provided for uncompensated care and \$500,000 for emergency medical assistance to offset funding historically received through the Tobacco Budget Bill.

The Child and Family Health program funding will allow ODH to: identify community health issues and provide focused direct health care and other support services such as care coordination and risk reduction education to over 85,000 low-income pregnant women and children, and 85,000 women's health and family planning clients; train and certify 700 preschool vision screeners and provide protective eyewear to approximately 12,000 children; provide a total of \$1.4 million per year to community health centers including Federally Qualified Health Centers; and track all instances of Sudden Infant Death Syndrome in the state and provide support bereavement services to families.

## Oral Health

**Program Description:** The Oral Health program's goal is to provide access to dental care and to reduce the number of Ohioans with unmet dental care needs. It is estimated that 4.6 million people in Ohio do not have dental healthcare coverage. The program includes the following subprograms:

**Dental OPTIONS.** The Dental OPTIONS program provides funding to four local agencies on a regional basis (NE, NW, Central, and S), to provide referral and case management services for Ohioans who need dental care and have no form of dental insurance, including Medicaid, and can not afford to pay for care. The program is primarily for those with household incomes below 200% of the federal poverty level. Approximately 7,000 people were served by the program in FY 2006.

**Access to Dental Care.** This activity is funded by the Health Priorities Trust Fund, which is made up of moneys from the Tobacco Master Settlement. The program funds eight grants for the start-up and expansion of existing safety net dental care programs. The programs offer comprehensive dental services for Medicaid and low-income individuals who would not otherwise receive needed care. In 2006, 17,000 people received dental care at clinics funded through this program.

**Ohio Dentist Loan Repayment Program.** The program is funded from dentist license fees paid to the State Dental Board. Qualifying dentists have been out of dental school less than three years and are willing to work in a shortage area. Those qualifying can receive repayment for government or commercial loans associated with the cost of attending dental school if they agree to work in a health shortage resource area. Approximately 10,000 unduplicated patients per year are served by the six dentists receiving loan repayment.

**School-Based Dental Sealant Activity.** This program funds 18 to 20 school-based dental sealant programs, which provide preventive dental sealants in over 40 counties. This is a cost-effective preventive measure to prevent the most common form of dental decay for 2nd, 3rd, 6th, and 7th graders in targeted schools. It is estimated that 19,500 children were provided with dental sealants in 2006.

**Dental Safety Net.** The program leverages GRF dollars with federal block grant dollars to fund 16 local agencies to provide dental care to Ohioans with poor access to oral health care. Funds are used to cover the gap between the cost of services and the amount received from Medicaid and sliding fee payments. According to ODH, it is estimated that clinics funded through this program provided dental care for over 30,000 Ohioans in 2006.

**Community-based Fluoride Activity.** This program provides financial assistance to communities that are beginning to fluoridate water and to those communities that need replacement fluoridation equipment. The program is provided in communities without optimal water fluoridation or with high participation rates in the free and reduced school lunch program. As a result of the program, over 40,000 children receive fluoride mouth rinse each year.

**Community Development Program.** The program provides consultation and technical assistance to communities interested in developing dental partnerships/coalitions.

**Implication of the Budget:** As a result of funding, service levels will be maintained. The program will: be able to provide referral and case management services to 7,000 low-income Ohioans who need dental care but lack dental insurance; fund dental safety net and access to dental care subgrant programs at 11 to 16 local agencies (through the operating budget) to provide dental care to Ohioans with poor access to oral health care; fund school-based dental sealant programs in 16 to 20 schools providing preventive dental sealants in over 40 counties to approximately 20,000 children; provide financial assistance to communities that are beginning to fluoridate water supplies or replace fluoridation equipment; fund the school-based Fluoride Mouth-rinse program for over 40,000 children in 190 schools in communities without optimal fluoridation; and fund the student loan repayment program for six dentists willing to serve in underserved areas.

## Nutrition

**Program Description:** The goal of the Nutrition program is to improve the health status and prevent health problems among Ohio's at-risk women, infants, and children. The program includes the following subprograms:

**Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).** WIC provides nutritious foods, nutrition and breastfeeding education and support, immunization screening, and health care referral through local agencies to eligible individuals. WIC helps income-eligible pregnant, postpartum, and breastfeeding women, infants, and children who are at risk with respect to physical and mental health due to inadequate nutrition, healthcare, or both. To qualify for WIC assistance an individual must meet six requirements. The first is that the applicant must be a pregnant, postpartum, or breastfeeding woman, an infant from birth to 12 months of age, or a child from one up to five years of age. Second, the applicant must be physically present at the clinic appointment. Third, the applicant must live in Ohio. Fourth, proof of identity is required. Fifth, the gross family income must be at or below 185% of the federal poverty income guidelines. Sixth, the applicant must be at medical or nutritional risk as determined by health professionals at the WIC clinic. Eligibility is reviewed every six months. WIC currently serves approximately 276,000 women, infants, and children per month. Provisions to participants include nutrition education, highly nutritious supplemental foods, breastfeeding support and referral to other health care programs. WIC is 100% federally funded. Ohio is among the six largest WIC programs in the country and the largest in the Midwest.

**Farmer's Market Nutrition Program (FMNP).** The FMNP was created in 1992. Since then the program has provided nutritionally at-risk women and children fresh fruits and vegetables from farmers' markets. The program also increases awareness and use of farmers' markets. For FY 2004, 28,594 people were served. These people receive six coupons at \$3 each to purchase fresh fruits and vegetables from authorized farmers during the market season. The program is 100% federally funded for food and 70% federally funded for administration through the United States Department of Agriculture. There is a 30% state match requirement for administration that is currently met through the use of a "similar programs match" available through the Ohio Department of Aging, and the WIC Welch's Rebate and Vendor Recovery funds. None of the sources can be depended upon from one year to the next since the amounts are uncertain. The program has a redemption rate of coupons of 74.4 percent, which is 19% higher than the national average.

**Implication of the Budget:** ODH received \$229,891,634 in FY 2008 and \$229,882,483 in FY 2009. This funding will maintain FY 2007 service levels. As a result of funding, approximately 281,581 eligible women, infants, and children will be provided nutritious foods, nutrition and

breastfeeding education and support, immunization screening, and health care referral. Also, over 29,000 women and children will receive Farmer's Market Nutrition Program vouchers.

## Help Me Grow

**Program Description:** The Help Me Grow program seeks to ensure that infants and toddlers with developmental delays and disabilities are identified early and assisted with services and supports. Infants and toddlers in the program receive developmental, social-emotional, vision, and hearing screenings. The program also seeks to increase immunization rates of two year olds and to decrease health disparities by targeting first-time and teen parents, as well as parenting education for families with questions about child health and development. Services and supports are provided for families with infants and toddlers at risk for or with developmental disabilities. Programs are discussed in more depth below.

**Help Me Grow.** The Help Me Grow program is an Ohio Family and Children First initiative. Funding is provided to local programs in each county for home visiting services to first time and teen parents, as well as parenting education for families with questions about child health and development. Services and supports are provided for families with infants and toddlers at risk for or with developmental disabilities. Funds are also provided for training to local Help Me Grow service coordinators and supervisors.

**Healthy Child Care Ohio.** The program provides a minimum of 1,400 consultations to child care providers, 375 health and safety trainings for child care providers, and 30 nutrition trainings for child care providers, among other things.

**Universal Newborn Hearing Screening Intervention.** All birthing hospitals, freestanding birthing centers, and children's hospitals conduct two-step physiologic screenings of newborns' hearing prior to discharge and report the results to ODH. Nine regional programs provide the following services to all 88 counties: tracking and following-up on all non-pass results and providing family-centered services at no charge to the family. Family-centered services include, among other things, assessing communication function, home visits to teach families activities that foster communication skills, as well as making appropriate referrals to speech-language pathologists, audiologists, and physicians as services.

**Implication of the Budget:** Funding in GRF appropriation item 440-459, is increased in FY 2008 by 17.16% over FY 2007 adjusted appropriations and increased in FY 2009 by 28.55% over FY 2008 appropriations. As a result of this funding, the per-child cost will be increased. The budget bill creates the Autism Diagnosis Education Pilot program. The program receives funding of \$500,000 in FY 2008 and \$300,000 in FY 2009. These funds are earmarked from GRF appropriation item 440-459, Help Me Grow. The program's mission is to educate health care professionals, educational personnel, childcare providers, parents, and community-based services providers about autism spectrum disorders. The program is also to promote appropriate autism diagnosis standards and to encourage regional coordination of information and autism related services. ODH is required to contract with a statewide association representing pediatricians to conduct or administer the program.

As a result of the total program funding, the program will be able to provide, among other things: over 31,000 home visits to first time and teen parents; provide developmental, hearing, and vision screening, developmental assessments, service coordination, and family support to approximately 55,000 infants and toddlers at risk for developmental delays or with a developmental disability; train a minimum of 1,400 child care providers on child development, screening for developmental milestones, and on providing child care to children with special health care needs; and provide parenting guidance to parents with children in cases where child abuse has been substantiated.

## Community Health Services and Systems Development

**Program Description:** The goal of the Community Health Services and Systems Development program is to improve access to care for Ohio's underserved communities by increasing the number of primary care, dental, and mental health professionals serving in predominately minority communities or in Appalachia. The majority of Ohio's Primary Care Health Professional Shortage Areas are either in urban areas or rural Appalachian counties. An HPSA designation signifies an inadequate number of health professionals are available to meet the needs of the area or specific populations. The Federally Qualified Health Centers program also seeks to provide health care services to uninsured patients with annual incomes within 200% of the federal poverty guidelines. The program supports the numerous subprograms, which are discussed below.

**Federally Qualified Health Centers (FQHC).** The FQHC program provides health care services to uninsured patients with annual incomes at or below 200% of the federal poverty level. The program provides these primary care medical services directly or through contracts or cooperative agreements that include: clinical care provided by physicians and nurses; diagnostic laboratory and radiology services; prenatal services; immunizations; dental services; well-child exams; pediatric eye, dental, and hearing screening; pharmacy; case management; referral for substance abuse and mental health; and patient education.

**HIV Care Services Section.** The HIV Care Services Section seeks to improve the health of people living with HIV/AIDS by providing quality services and assuring access to quality services. It provides funds to people already infected with HIV through numerous activities/programs within the Section. Currently, the Section provides services to over 8,000 people living with HIV/AIDS. It is estimated that there are between 14,000 and 18,000 people living with HIV/AIDS. Some of the services include the provision of medications, health insurance premium payments, case management, emergency financial assistance, home health, and Minority AIDS initiatives. The Department of Health receives federal Ryan White Title II funds. These funds have a 50% match requirement. GRF appropriation item 440-444, AIDS Prevention and Treatment, is allocated as the state match source. Ohio was recently selected as one of eight states recognized for excellence in quality management of the Ryan White Title II program. As such, ODH participates in national level collaboration to develop quality improvement tools for other states. In the current biennium, the Section entered into a new contract with a mail order pharmacy that resulted in a 25% savings on medication dispensing fees.

**Primary Care.** The goal of the program is to improve access to comprehensive primary care for underserved populations by identifying and addressing unmet needs for health services. Program staff work with local, federal, and state partners to support the development, staffing, and operation of FQHCs and other safety net providers. The need for additional primary care services is determined by the designation of Health Professional Shortage Areas and Medically Underserved Areas/Populations. Over 1.5 million Ohioans have limited or no access to primary care providers. A shortage of primary care providers has been identified in 54 of Ohio's 88 counties in 2007. The program also supports the Ohio Physician Loan Repayment program, which funds loan repayment for primary care physicians practicing as safety net providers in underserved areas. The Ohio J-1 Visa Waiver program is also part of the program. J-1 Visa Waivers are granted through the Bureau of Citizenship and Immigration and allow foreign medical graduates to remain in the U.S. These physicians must serve in Health Professional Shortage Areas for three years and provide health care to all patients regardless of ability to pay. Up to 30 physicians are granted waivers if qualified U.S. citizen physicians cannot be recruited.

The Community Health Services and Systems Development program also has programs that focus on rural health, school and adolescent health, and school emergency preparedness.

**Implication of the Budget:** As a result of the total program funding, the program will: provide primary medical care services to over 150,000 low-income uninsured patients at 115 Federally Qualified Health Centers; fund the operation of two black lung clinics, which provide screening and pulmonary rehabilitation services to approximately 461 active and retired miners, as well as 400 patients with occupational-related lung diseases; provide assistance to 7,500 people diagnosed with HIV through access to life-saving medications, health insurance, emergency assistance, and home care; fund the School Emergency Preparedness program training 400 school local health department nurses on first responder skills targeted to the school population; and assist 34 Critical Access Hospitals in receiving certification and fund 34 quality improvement projects in small rural hospitals. The funding will also provide for the Medical Liability Insurance Reimbursement program. The budget bill also extends the program to federally qualified health center look-alikes.

## Research and Evaluation

**Program Description:** The Research and Evaluation program's goal is to assure that data needs of the Division of Family and Community Health Services are met. The program staff provides consultation to programs on data needed to evaluate programs and to conduct epidemiologic studies, including surveillance and research. The program has 12 full-time equivalent employees.

**Implication of the Budget:** As a result of funding, the program will be able to meet the data needs of all the six bureaus in the Division of Family and Community Health Services.

## Abstinence

**Program Description:** The Abstinence program's goal is to promote abstinence education as primary prevention for improving public health by providing abstinence until marriage education to all youth in order to prevent sexually transmitted disease, decrease out-of-wedlock pregnancy, and promote health and quality of life. Targeted populations include adolescents, as well as college-age students. Communities, including local health departments, receive funding for abstinence education through a competitive grant process. Funded subgrantees provide a curriculum to all targeted school children, which includes information about abstinence from drugs, alcohol, and tobacco use.

**Implication of the Budget:** ODH received \$500,000 in each fiscal year in GRF appropriation 440-425, Abstinence and Adoption Education. ODH also received \$1,641,000 in each fiscal year in Fund 320 (Maternal Child Health Block Grant). ODH is currently developing a standard comprehensive health curriculum for Ohio including abstinence, sexual, and adoption education and is establishing a competitive process by which to distribute these funds. This funding will maintain current service levels.

## Family and Community Health Program Support

**Program Description:** The Family and Community Health Program Support program's goal is to provide efficient and effective administrative direction, leadership, and coordination of the activities of the bureaus that comprise the Division of Family and Community Health Services. The services or activities supported by this program include coordination and planning of activities for the programs within the Division, preparation of and monitoring of the grant payments for the entire Division, distribution of Child and Family Health Services grants, distribution of the Choose Life Fund, preparation of the Block Grant application, and finally, distribution of legislative earmarks. The administrative and managerial services provided by this program support over 300 full-time equivalent employees.

***Implication of the Budget:*** The funding will maintain FY 2007 service levels and allow the program to provide leadership, policy development coordination, and management to the Division's bureaus, as well as manage 35 federally funded grants and 18 state funding sources, and grants to local partners.

**Program Series****3: Quality Assurance**

**Purpose:** The goal of this program series is to achieve the best possible health status for the citizens of Ohio through the monitoring of activities that assure the quality of both public health and private healthcare delivery systems. This is achieved through licensing, certification, registration, or standard review of health care providers, facilities, local health agencies, and health and abatement professionals.

The following table shows the line items that are used to fund the Quality Assurance Program Series, as well as the budget funding levels.

Fund	ALI	Title	FY 2008	FY 2009
<b>General Revenue Fund</b>				
GRF	440-453	Health Care Quality Assurance	\$10,253,728	\$10,253,728
<b>General Revenue Fund Subtotal</b>			<b>\$10,253,728</b>	<b>\$10,253,728</b>
<b>State Special Revenue Fund</b>				
*470	440-647	Fee Supported Programs	\$3,712,578	\$3,662,579
471	440-619	Certificate of Need	\$869,000	\$898,000
*5B5	440-616	Quality, Monitoring, and Inspection	\$461,163	\$461,164
5L1	440-623	Nursing Facility Technical Assistance Program	\$664,282	\$698,595
<b>State Special Revenue Fund Subtotal</b>			<b>\$5,707,023</b>	<b>\$5,720,338</b>
<b>General Services Fund</b>				
*698	440-634	Nurse Aide Training	\$170,000	\$170,000
<b>General Services Fund Subtotal</b>			<b>\$170,000</b>	<b>\$170,000</b>
<b>Federal Special Revenue Fund</b>				
391	440-606	Medicaid/Medicare	\$24,850,959	\$24,850,959
*392	440-618	Federal Public Health Program	\$580,372	\$600,718
<b>Federal Special Revenue Fund Subtotal</b>			<b>\$25,431,334</b>	<b>\$25,451,677</b>
<b>Total Funding: Quality Assurance</b>			<b>\$41,562,085</b>	<b>\$41,595,743</b>

\* Amount does not reflect total appropriation because the line item funds other program series.

This analysis focuses on the following specific programs within the program series:

- **Long-Term Care and Quality**
- **Regulatory Compliance**
- **Diagnostic Safety and Personnel Certification**
- **Community Health Care Facilities and Services**
- **Licensure, Certification, and Support Operations**
- **Quality Assurance Program Support**

**Long-Term Care and Quality**

**Program Description:** The Long-Term Care and Quality program primarily conducts surveys of nursing facilities and Intermediate Care Facilities to monitor provider compliance with state and federal rules and regulations, which have been formulated to ensure high quality health care services. This includes surveys of residential care facilities and licensed, noncertified nursing homes. The surveys conducted include initial licensure and federal certification surveys, recertification/relicensure surveys

and complaint investigations. Revisits are conducted to ensure that providers achieve compliance after deficiencies and violations are identified during surveys. The program must conduct licensure surveys at least once every 15 months after initial licensure. Recertification surveys are scheduled once every 9 to 15 months. Complaint investigations are conducted on-site when there are allegations of serious and immediate threat or harm to resident health or safety and/or violations of residents' rights. Revisits conducted to verify compliance are scheduled to meet mandated timeframes. The program is also responsible for the survey actions required by Ohio's contract to conduct surveys for the federal Centers for Medicare and Medicaid Services.

The program also conducts inspections of nurse aide training and competency evaluation programs. It also maintains a registry of nurse aides who have met written and skills test criteria to be certified for employment in long-term care settings.

**Implication of the Budget:** The funding provided is unlikely to allow for a continuation of current services at levels satisfying federal or state requirements, nor will it allow for negotiated cost-of-living increases in current collective bargaining agreements. As a result of funding, ODH anticipates that federal funds of up to \$3.3 million (this covers multiple programs within the Quality Assurance Program Series) could be lost due to state match requirements. At this point, ODH believes that it may be necessary to reduce current staffing levels.

## Regulatory Compliance

**Program Description:** The Regulatory Compliance program is primarily responsible for state and federal health care provider program enforcement. The program's responsibilities result from Medicare and Medicaid nursing home reform and enforcement provisions and subsequent federal statutes, regulations, and rules. The primary goals of the program are: enforcement and dispute resolution for Medicare and/or Medicaid certified skilled nursing facilities and nursing facilities; substandard quality of care notification; enforcement for Medicaid certified intermediate care facilities for the mentally retarded; enforcement for licensed nursing homes, residential care facilities, homes for the aging, adult care facilities, health care services, community alternative homes, and hospices; county home resident rights enforcement; and enforcement of federal nurse aide training program requirements relating to extended surveys and enforcement remedies.

**Implication of the Budget:** The funding provided is unlikely to allow for a continuation of current services at levels satisfying federal or state requirements, nor will it allow for negotiated cost-of-living increases in current collective bargaining agreements. As a result of funding, ODH anticipates that federal funds of up to \$3.3 million (this covers multiple programs within the Quality Assurance Program Series) could be lost due to state match requirements. At this point, ODH believes that it may be necessary to reduce current staffing levels.

## Diagnostic Safety and Personnel Certification

**Program Description:** The Diagnostic Safety and Personnel Certification program licenses and certifies companies/persons for asbestos abatement, nursing home administrators, hearing aide dealers and fitters, radon testing and mitigation, and lead abatement. The program is responsible for the monitoring and periodic inspection of approximately 8,500 clinical laboratories, as well as evaluating the need for and impact of proposed nursing home bed relocations (Certificate of Need Program), proposed nursing home replacement, and nursing home renovation projects over \$2 million. The program is responsible for conducting field investigations of allegations of resident abuse and neglect and misappropriation of resident property involving residents at long-term and residential care facilities throughout Ohio. The program is also required to provide information and required forms for the Do Not

Resuscitate program, Abortion Informed Consent program, and the Volunteer Health Care Registration program and complaint investigation of Medicare Balance Billing complaints. Complaints are processed for all health care related services.

Some statistics relating to the program are highlighted below:

- The Asbestos Program currently certifies 2,609 workers, 1,435 abatement specialists, 986 evaluation specialists, 188 project designers, and 68 air monitoring technicians. The program licenses 165 contractors and approves 49 training courses;
- The Lead program currently licenses 563 workers, 338 contractors, 11 project designers, 10 inspectors, 389 risk assessors, and 9 clearance technicians. The program also listed 1,054 lead-safe renovators, approved 75 training courses and 64 laboratories; and
- The Radon Licensing program currently licenses 212 testers, 63 mitigation specialists, 38 contractors, and approves 7 laboratories and 5 training courses.

**Implication of the Budget:** The funding will provide for a continuation of services and allow for statutory pay increases. Thus, the program funding will: fund the monitoring and periodic inspection of approximately 8,500 clinical laboratories; facilitate processing and triage of approximately 8,000 healthcare complaints and facility related incidents each year; assure filed investigations of allegations of abuse, neglect, and misappropriation of property for residents of long-term care and residential facilities; and assure performing licensing and certification of miscellaneous programs including asbestos abatement, nursing home administrators, hearing aid dealers, radon testing and mitigation, and lead abatement.

## Community Health Care Facilities

**Program Description:** The Community Health Care Facilities and Services program conducts surveys for federally certified, nonlong-term care providers and suppliers, as an agent of the Centers for Medicare and Medicaid Services, as well as licensure inspections and complaint investigations for adult care facilities. The program also provides for initial survey and the periodic evaluation of ambulatory surgical facilities, freestanding dialysis centers, freestanding inpatient rehabilitation facilities, and hospices. Lastly, the program certifies the quality of and access to health care in health insuring corporations and the initial and annual licensure inspections for hospital maternity units, neonatal units in children's hospitals, maternity homes, and freestanding birthing centers. The frequency of inspections is set by the federal government or by state statute or rules.

Some statistics relating to the program are highlighted below :

- The Adult Care Facilities Inspection program conducts licensure inspections and complaint investigations for adult family homes (3 to 5 residents) and adult group homes (6 to 16 residents). These facilities house primarily elderly citizens with limited access to federal or state assistance programs and those receiving mental health services from community mental health boards or their contracted agencies. Currently, there are 712 licensed adult care facilities with 5,685 beds. The program conducts approximately 1,500 on-site visits; and
- The Maternity Inspection program conducts on-site initial and annual licensure inspections, as well as investigations into allegations of noncompliance in hospital maternity units, neonatal units, and maternity homes. Currently, there are 125 maternity units and 7 maternity homes inspected on an annual basis.

**Implication of the Budget:** The funding provided is unlikely to allow for a continuation of current services at levels satisfying federal or state requirements, nor will it allow for negotiated cost-of-living increases in current collective bargaining agreements. As a result of funding, ODH anticipates that federal funds of up to \$3.3 million (this covers multiple programs within the Quality Assurance Program Series) could be lost due to state match requirements. At this point, ODH believes that it may be necessary to reduce current staffing levels.

## Licensure, Certification, and Support Operations

**Program Description:** The goal of the Licensure, Certification, and Support Operations program is to evaluate the quality of health care or residential care services provided by entities licensed in Ohio. The program is responsible for the support activities related to licensing and certification of health care or residential care facilities. Activities include research and verification of information that health care providers furnish, maintain custody of records related to survey and certification activities, respond to public information requests for survey reports, and receive hospital registration data.

**Implication of the Budget:** Although hardware replacements and rising costs of software licenses create challenges, this funding should allow for current service levels to be maintained.

## Quality Assurance Program Support

**Program Description:** The Quality Assurance Program Support program's primary goal is the efficient and effective management of the programs within the Division of Quality Assurance. The program provides support to each of the Division's programs in budget, grants, management, purchasing, and human resources, as well as through the coordination of various aspects or development of grant applications, and developing ad hoc analyses and presentations to support program planning and decision making.

The program also includes the Technical Assistance Program (TAP), which implements education modules such as functional improvement (activities of daily living), self-care for seniors, prevention of dehydration, and improvement of urinary incontinence. The program also provides technical consultation to nursing facilities.

**Implication of the Budget:** The budget bill provides for \$50,000 in FY 2008 in SSR appropriation item 440-647, Fee Supported Programs, (Fund 470) to be used by ODH to make hospital performance information available on a web site (as required in Section 3727.391 of the Revised Code). However, ODH anticipates that the cost to develop a web site in-house to post performance data will be \$102,720 at a minimum. ODH believes that the cost is more likely to be \$185,440. This would allow for the creation of a web site that would enable hospitals to report data electronically. Therefore, the amount earmarked for this web site will be insufficient to cover the cost of developing the site. Thus, it is unclear at this time how the Quality Assurance Program Support will be impacted.

## Program Series

## 4: Public Health Preparedness

**Purpose:** Public Health Preparedness focuses on establishing and maintaining a basic public health infrastructure at the local and state level so that both have the capacity to respond to disease outbreaks, bioterrorism threats, foodborne illness outbreaks, and other threats to the health of Ohioans.

The following table shows the line items that are used to fund the Public Health Preparedness program, as well as the budget funding levels.

Fund	ALI	Title	FY 2008	FY 2009
<b>General Revenue Fund</b>				
GRF	440-413	Local Health Department Support	\$3,786,794	\$3,786,794
*GRF	440-451	Lab and Public Health Prevention	\$95,911	\$110,610
<b>General Revenue Fund Subtotal</b>			<b>\$3,882,705</b>	<b>\$3,887,404</b>
<b>State Special Revenue Fund</b>				
4G0	440-636	Heirloom Birth Certificate	\$5,000	\$5,000
*470	440-647	Fee Supported Programs	\$15,658,805	\$13,617,701
5EC	440-650	Health Emergency	\$15,312,500	\$0
5G4	440-639	Adoption Services	\$20,000	\$20,000
*610	440-626	Radiation Emergency Response	\$58,503	\$61,548
<b>State Special Revenue Fund Subtotal</b>			<b>\$31,054,808</b>	<b>\$13,704,249</b>
<b>General Services Fund</b>				
*142	440-646	Agency Health Services	\$1,146,216	\$1,146,216
<b>General Services Fund Subtotal</b>			<b>\$1,146,216</b>	<b>\$1,146,216</b>
<b>Federal Special Revenue Fund</b>				
*392	440-618	Federal Public Health Programs	\$56,344,658	\$55,656,554
<b>Federal Special Revenue Fund Subtotal</b>			<b>\$56,344,658</b>	<b>\$55,656,554</b>
<b>Holding Account Redistribution Fund</b>				
R14	440-631	Vital Statistics	\$70,000	\$70,000
<b>Holding Account Redistribution Fund Subtotal</b>			<b>\$70,000</b>	<b>\$70,000</b>
<b>Total Funding: Public Preparedness</b>			<b>\$92,498,387</b>	<b>\$74,464,423</b>

\* Amount does not reflect total appropriation because the line item funds other program series.

This analysis focuses on the following specific programs within the program series:

- **Vital Statistics**
- **All Hazards Preparedness**
- **Support for Local Health Departments**

## Vital Statistics

**Program Description:** The Center for Vital and Health Statistics is responsible for the administration and maintenance of the statewide system of registration of births, deaths, fetal deaths, and other vital statistics. The Center's Health Data Analysis unit is responsible for the processing, analysis, interpretation and distribution of the statistical data collected. Essential public health information such as death rates, causes of death, birth rates, teen pregnancy, abortion rates, and infant mortality are produced by the Center. The data produced by the Center is used by academics, public health agencies, social

services agencies, and the media. The data is also shared with multiple federal agencies for the estimation of national statistics or the management of federal programs.

Here are some statistics relating to the program:

- The Center registers approximately 148,000 births, 108,000 deaths, 1,800 fetal deaths, 80,000 marriages, 45,000 divorces, and 37,000 abortions annually;
- The Center processes approximately 57,000 paternity actions, 6,000 adoptions, and 3,000 other court actions annually;
- The Center is projected to verify 20,000 documents for local, state, and federal agencies, including the military by the end of calendar year 2008.

The Center is currently in the middle of a modernization-imaging project. This project will continue over the next three years. So far, there are approximately 848,074 certificates scanned in the system. An additional 500,000 certificates will be added by April 30 at the rate of about 100,000 loaded per week. By the end of the fiscal year, ODH plans to load an additional 1.17 million certificates at the rate of 130,000 per week. In summary, by the end of the fiscal year ODH should have 2.5 million certificates scanned.

**Implication of the Budget:** The funding will maintain service levels and allow for the continuation of modernization efforts, which will facilitate compliance with the REAL ID Act of 2005 and the Intelligence Reform and Terrorism Prevention Act of 2004, and reduce the opportunity for fraud and identity theft.

## All Hazards Preparedness

**Program Description:** The All Hazards Preparedness program's goal is to fund the active participation in the immediate establishment, use, and continuous improvement of a national system of public health and health care emergency preparedness to monitor public health care system response performance. The program plays the principal role in preparedness planning, coordination, and response activities related to public health emergencies whether those emergencies are man-made, technological, or natural disasters. Funding and technical assistance is provided to all local health departments (135) and all health care facilities (170) in Ohio for the purposes of enhancing command and control, communication, medical surge capacity, and situational awareness. This program also assists in the development and maintenance of the capabilities to identify, prioritize, and protect critical infrastructure and key resources in Ohio. In addition, this program is involved in the planning efforts for radiological and nuclear events.

**Implication of the Budget:** ODH received funding of \$71,161,573 in FY 2008 and \$55,168,712 in FY 2009. This funding includes \$9.0 million in each fiscal year in Fund 392, Federal Public Health Programs. This is to be used to accommodate the availability of additional federal funds, which will be dedicated to chemical and biological hazards preparedness including infrastructure maintenance and training activities. The funding also includes funding for Fund 5EC, Health Emergency, a new fund within ODH, which will be used to purchase antivirals.

## Support for Local Health Departments

**Program Description:** The Support for Local Health Departments program exists to empower the public health community to affect positive change in the health of citizens and to assure that citizens

have access to a minimum set of health services. A majority of funding for this program is distributed to 135 local health departments based on a per capita formula. The local health departments must submit proof that they meet certain public health standards. The remainder of the funding is used by ODH to provide technical assistance, training, and determination and allocation of state subsidy payments to 135 local health departments.

According to the Association of Health Commissioners' web site, funding for local health departments is, on average, made up of 75% local dollars (levies, inside millage, etc.), 20% state dollars (grants, federal pass-through, and subsidy payments), and approximately 5% federal and private dollars. Local health departments strive to promote health and the quality of life by preventing and controlling disease, injury, and disability. Health departments vary in size and services. A department will typically offer various personal health services, administrative services, including vital statistic offices, and environmental services. Larger departments sometimes operate laboratory facilities.

***Implication of the Budget:*** ODH received \$3,786,794 in funding for each fiscal year. This will allow subsidies to local health departments to be maintained at FY 2007 grant levels.

**Program Series****5: Services to State Employees**

**Purpose:** The mission of this program series is to help state employees and their families cope with personal health and emotional problems. This is accomplished through the Office of Employee Health and the Employee Assistance Program (EAP).

The following table shows the line items that are used to fund the Services to State Employees program, as well as the budget funding levels.

Fund	ALI	Title	FY 2008	FY 2009
<b>State Special Revenue Fund</b>				
*470	440-647	Fee Supported Programs	\$93,459	\$93,459
<b>State Special Revenue Fund Subtotal</b>			<b>\$93,459</b>	<b>\$93,459</b>
<b>General Services Fund</b>				
*142	440-646	Agency Health Services	\$2,035,699	\$2,035,699
*211	440-613	Central Support Indirect Costs	\$85,312	\$88,790
683	440-633	Employee Assistance Program	\$1,208,214	\$1,208,214
<b>General Services Fund Subtotal</b>			<b>\$3,329,225</b>	<b>\$3,332,703</b>
<b>Total Funding: Services to State Employees</b>			<b>\$3,422,684</b>	<b>\$3,426,162</b>

\* Amount does not reflect total appropriation because the line item funds other programs.

This analysis focuses on the following specific programs within the program series:

- **Employee Health**
- **Employee Assistance**

**Employee Health**

**Program Description:** The Employee Health program offers state employees medical care, early detection and referral for medical problems, emergency care, and wellness programs at 11 locations throughout the state. The services are provided through a contract with state agencies. The services are provided at the following Columbus-area locations: Department of Public Safety warehouse, Ohio Housing Finance Agency, Supreme Court, Ohio Department of Health, James A. Rhodes State Office Tower, Vern Riffe Center for Government and the Arts, Department of Public Safety, Ohio Highway Patrol Academy, and the Department of Education. Employee health services are also offered at the Frank J. Lausche Building in Cleveland and the Michael V. DiSalle Building in Toledo. The goal of the program is to protect and improve the health of public employees and save the state money by reducing workers' compensation rates and improving productivity.

The following statistics related to the program are highlighted below:

- In FY 2005, there were 37,058 visits to 10 of the 11 Employee Health Program locations (the Highway Patrol Academy does not count clients) – most of these visits were cardiovascular in nature (blood pressure checks, medication checks, chest pain, etc.);
- Employee Health Program personnel provided wellness and safety and health awareness programs to 76,641 employees. This included 22 educational programs, 46 weight clubs, 37 blood drives, 30 Yoga classes, 53 walking clubs, 32 Weight Watchers at Work sessions, 14 offerings of mammograms, and 42 exercise classes.

**Implication of the Budget:** ODH received funding of \$2,214,470 in FY 2008 and \$2,217,948 in FY 2009. The program will maintain current service levels.

## **Employee Assistance**

**Program Description:** The Employee Assistance Program, established in June 1984 under R.C. section 3701.041, contributes to the emotional health of state employees by providing a screening, support, information, and referral service for employees, families, and employers. The program addresses problems such as alcohol or drug abuse, as well as emotional or mental health concerns, physical disabilities, family and marital problems, etc. An agency may place an employee in an Ohio EAP Participation Agreement thereby giving the employee the opportunity to correct job performance deficiencies while holding discipline in abeyance. In January of 1998, the program was given the responsibility of monitoring the treatment of those state employees who test positive in random drug testing. According to the Department of Administrative Services, 26,814 employees are in positions that are eligible for random drug testing.

There has been an increased demand for EAP training. In FY 2006 there were 183 training sessions for 4,141 employees. Program staff also were on hand at 41 health and wellness fairs.

**Implication of the Budget:** ODH received funding of \$1,208,214 in each fiscal year. This funding will allow the program to continue providing the same level of services as in FY 2007.

The program is funded through a charge levied on each state payroll warrant that is written. That fee is currently \$0.75 per each payroll warrant issued. These fees are deposited into Fund 683, Employee Assistance Program.

**Program Series****6: Program Support**

**Purpose:** This program series supports other programs at ODH and thereby enables the mission of ODH to be accomplished.

The following table shows the line items that are used to fund the Program Support Program Series, as well as the budget funding levels.

Fund	ALI	Title	FY 2008	FY 2009
<b>State Special Revenue Fund</b>				
*4L3	440-609	Miscellaneous Expenses	\$42,470	\$42,470
<b>State Special Revenue Fund Subtotal</b>			<b>\$42,470</b>	<b>\$42,470</b>
<b>General Services Fund</b>				
*211	440-613	Central Support Indirect Costs	\$28,029,395	\$28,025,917
<b>General Services Fund Subtotal</b>			<b>\$28,029,395</b>	<b>\$28,025,917</b>
<b>Federal Special Revenue Fund</b>				
*392	440-618	Federal Public Health Programs	\$120,000	\$120,000
<b>Federal Special Revenue Fund Subtotal</b>			<b>\$120,000</b>	<b>\$120,000</b>
<b>Holding Account Redistribution Fund</b>				
R48	440-625	Refunds, Grants Reconciliation, & Audit Settlements	\$20,000	\$20,000
<b>Holding Account Redistribution Fund Subtotal</b>			<b>\$20,000</b>	<b>\$20,000</b>
<b>Total Funding: Program Support</b>			<b>\$28,211,865</b>	<b>\$28,208,387</b>

\* Amount does not reflect total appropriation because the line item funds other program series.

This analysis focuses on the following specific program within the program series:

■ **Program Support**

## Program Support

**Program Description:** Program Support is authorized by R.C. section 3701.831 and includes all central administration activities such as IT, human resources, legal, budget, accounting, grants management, internal audits, EEO, public affairs, purchasing, and facility costs. The objective of the program is to help the Department's programmatic areas to accomplish Health mission and goals through efficient administrative support. The program also has an objective to foster and implement e-government initiatives such as reducing the number of paper forms and implementing online license renewals identify and implement cost-saving solutions, reduce waste and inefficiencies, and provide accurate and timely information.

**Implication of the Budget:** ODH received \$28,211,865 in FY 2008 and \$28,208,387 in FY 2009 for the program. A total of \$2.3 million in each fiscal year from Fund 211, Central Support Indirect Costs, will be used to support IT infrastructure modernization and building infrastructure improvements. Building infrastructure improvements are necessitated by lack of space, cooling issues, and current structural inability to support equipment weight. ODH has sufficient cash reserve in this fund for these improvements. As a result, service levels will be maintained and IT and infrastructure improvements will be made.

**FY 2008 - 2009 Final Appropriation Amounts**

**All Fund Group**

**Line Item Detail by Agency**

**FY 2005:**      **FY 2006:** *Adj.* **FY 2007:** *Appropriations:* **FY 2008:** *Appropriations:*      **% Change**      **FY 2009:**      **% Change**  
 2007 to 2008:      *Appropriations:*      2008 to 2009:

**Report For: Main Operating Appropriations Bill**

**Version: Enacted**

**DOH Health, Department of**

GRF	440-407	Animal Borne Disease and Prevention	\$ 2,289,989	\$ 2,184,582	\$ 2,452,101	\$ 2,327,101	-5.10%	\$ 2,327,101	0.00%
GRF	440-412	Cancer Incidence Surveillance System	\$ 1,008,893	\$ 939,211	\$ 1,002,619	\$ 1,002,619	0.00%	\$ 1,002,619	0.00%
GRF	440-413	Local Health Department Support	\$ 3,760,831	\$ 3,792,720	\$ 3,786,794	\$ 3,786,794	0.00%	\$ 3,786,794	0.00%
GRF	440-416	Child & Family Health Services	\$ 8,574,446	\$ 9,760,035	\$ 9,582,874	\$ 9,522,874	-0.63%	\$ 9,622,874	1.05%
GRF	440-418	Immunizations	\$ 7,350,785	\$ 10,176,409	\$ 9,400,615	\$ 9,400,615	0.00%	\$ 9,400,615	0.00%
GRF	440-419	Sexual Assault Prevention	\$ 1,654	---	\$ 0	\$ 0	N/A	\$ 0	N/A
GRF	440-425	Abstinence and Adoption Education	---	---	---	\$ 500,000	N/A	\$ 500,000	0.00%
GRF	440-431	Free Clinic Liability Insurance	---	\$ 129,218	\$ 325,000	\$ 250,000	-23.08%	\$ 250,000	0.00%
GRF	440-437	Healthy Ohio	---	---	---	\$ 1,502,618	N/A	\$ 2,855,553	90.04%
GRF	440-438	Breast and Cervical Cancer Screening	---	---	---	\$ 2,500,000	N/A	\$ 2,500,000	0.00%
GRF	440-444	AIDS Prevention and Treatment	\$ 7,000,971	\$ 6,845,841	\$ 7,158,127	\$ 7,158,127	0.00%	\$ 7,158,127	0.00%
GRF	440-446	Infectious Disease Prevention	\$ 199,986	\$ 199,989	\$ 200,000	\$ 200,000	0.00%	\$ 200,000	0.00%
GRF	440-451	Lab and Public Health Prevention Programs	\$ 5,416,390	\$ 6,362,209	\$ 6,085,250	\$ 6,085,250	0.00%	\$ 6,085,250	0.00%
GRF	440-452	Child & Family Health Services Match	\$ 886,639	\$ 1,099,585	\$ 1,024,017	\$ 1,024,017	0.00%	\$ 1,024,017	0.00%
GRF	440-453	Health Care Quality Assurance	\$ 10,516,387	\$ 9,916,559	\$ 10,253,728	\$ 10,253,728	0.00%	\$ 10,253,728	0.00%
GRF	440-454	Local Environmental Health	\$ 841,881	\$ 839,766	\$ 889,752	\$ 889,752	0.00%	\$ 889,752	0.00%
GRF	440-459	Help Me Grow	\$ 9,323,024	\$ 9,348,033	\$ 9,323,797	\$ 10,923,397	17.16%	\$ 14,041,847	28.55%
GRF	440-461	Center for Vital and Health Stats	\$ 3,847,814	\$ 3,639,679	\$ 3,629,535	\$ 0	-100.00%	\$ 0	N/A
GRF	440-504	Poison Control Network	\$ 130,015	---	\$ 0	\$ 0	N/A	\$ 0	N/A
GRF	440-505	Medically Handicapped Children	\$ 6,040,021	\$ 9,463,788	\$ 8,791,784	\$ 10,791,784	22.75%	\$ 10,791,784	0.00%
GRF	440-507	Targeted Health Care Services Over 21	\$ 683,565	\$ 838,891	\$ 2,364,574	\$ 1,681,023	-28.91%	\$ 1,681,023	0.00%
GRF	440-511	Uncompensated Care and Emergency Medical Assistance	---	---	---	\$ 0	N/A	\$ 3,500,000	N/A
<b>General Revenue Fund Total</b>			<b>\$ 67,873,292</b>	<b>\$ 75,536,514</b>	<b>\$ 76,270,567</b>	<b>\$ 79,799,699</b>	<b>4.63%</b>	<b>\$ 87,871,084</b>	<b>10.11%</b>
142	440-618	Agency Health Services	\$ 1,721,161	\$ 1,761,558	\$ 0	\$ 0	N/A	\$ 0	N/A
142	440-646	Agency Health Services	---	---	\$ 2,561,915	\$ 3,461,915	35.13%	\$ 3,461,915	0.00%
211	440-613	Central Support Indirect Costs	\$ 24,666,476	\$ 24,920,584	\$ 26,584,707	\$ 28,884,707	8.65%	\$ 28,884,707	0.00%
473	440-622	Lab Operating Expenses	\$ 3,205,816	\$ 3,121,449	\$ 4,154,045	\$ 4,954,045	19.26%	\$ 4,954,045	0.00%
683	440-633	Employee Assistance Program	\$ 1,069,478	\$ 1,067,554	\$ 1,208,214	\$ 1,208,214	0.00%	\$ 1,208,214	0.00%
698	440-634	Nurse Aide Training	\$ 96,135	\$ 20,338	\$ 170,000	\$ 170,000	0.00%	\$ 170,000	0.00%

**FY 2008 - 2009 Final Appropriation Amounts**

**All Fund Group**

**Line Item Detail by Agency**

			<i>FY 2005:</i>	<i>FY 2006:</i>	<i>FY 2007 Adj. Appropriations:</i>	<i>FY 2008 Appropriations:</i>	<i>% Change 2007 to 2008:</i>	<i>FY 2009 Appropriations:</i>	<i>% Change 2008 to 2009:</i>
<b>DOH Health, Department of</b>									
<b>General Services Fund Group Total</b>			<b>\$ 30,759,066</b>	<b>\$ 30,891,484</b>	<b>\$ 34,678,881</b>	<b>\$ 38,678,881</b>	<b>11.53%</b>	<b>\$ 38,678,881</b>	<b>0.00%</b>
320	440-601	Maternal Child Health Block Grant	\$ 25,610,134	\$ 23,645,438	\$ 29,025,635	\$ 30,666,635	5.65%	\$ 30,666,635	0.00%
387	440-602	Preventive Health Block Grant	\$ 7,146,344	\$ 6,374,792	\$ 7,826,659	\$ 7,826,659	0.00%	\$ 7,826,659	0.00%
389	440-604	Women, Infants, and Children	\$ 214,553,169	\$ 219,272,212	\$ 230,077,450	\$ 230,077,451	0.00%	\$ 230,077,451	0.00%
391	440-606	Medicaid/Medicare	\$ 22,589,271	\$ 21,321,074	\$ 24,850,959	\$ 24,850,959	0.00%	\$ 24,850,959	0.00%
392	440-618	Federal Public Health Programs	\$ 135,957,831	\$ 126,279,852	\$ 127,677,458	\$ 136,778,215	7.13%	\$ 136,778,215	0.00%
<b>Federal Special Revenue Fund Group Total</b>			<b>\$ 405,856,749</b>	<b>\$ 396,893,367</b>	<b>\$ 419,458,161</b>	<b>\$ 430,199,919</b>	<b>2.56%</b>	<b>\$ 430,199,919</b>	<b>0.00%</b>
470	440-618	Fee Supported Programs	\$ 12,528,501	\$ 15,112,158	\$ 0	\$ 0	N/A	\$ 0	N/A
470	440-647	Fee Supported Programs	---	---	\$ 21,525,195	\$ 27,996,243	30.06%	\$ 25,905,140	-7.47%
471	440-619	Certificate of Need	\$ 444,070	\$ 560,557	\$ 594,572	\$ 869,000	46.16%	\$ 898,000	3.34%
477	440-627	Medically Handicapped Children Audit	\$ 2,913,133	\$ 2,641,378	\$ 3,693,016	\$ 3,693,016	0.00%	\$ 3,693,016	0.00%
4D6	440-608	Genetics Services	\$ 1,912,186	\$ 2,066,316	\$ 3,117,000	\$ 3,317,000	6.42%	\$ 3,317,000	0.00%
4F9	440-610	Sickle Cell Disease Control	\$ 637,619	\$ 814,517	\$ 1,035,344	\$ 1,035,344	0.00%	\$ 1,035,344	0.00%
4G0	440-636	Heirloom Birth Certificate	---	---	\$ 5,000	\$ 5,000	0.00%	\$ 5,000	0.00%
4G0	440-637	Birth Certificate Surcharge	---	---	\$ 5,000	\$ 5,000	0.00%	\$ 5,000	0.00%
4L3	440-609	Miscellaneous Expenses	\$ 115,525	\$ 60,685	\$ 144,119	\$ 446,468	209.79%	\$ 446,468	0.00%
4T4	440-603	Child Highway Safety	\$ 232,254	\$ 181,057	\$ 233,894	\$ 233,894	0.00%	\$ 233,894	0.00%
4V6	440-641	Save Our Sight	\$ 1,254,947	\$ 1,407,298	\$ 1,767,994	\$ 1,767,994	0.00%	\$ 1,767,994	0.00%
5B5	440-616	Quality, Monitoring, and Inspection	\$ 528,068	\$ 739,052	\$ 838,479	\$ 838,479	0.00%	\$ 838,479	0.00%
5BL	440-638	Healthy Ohioans	---	\$ 3,941,918	\$ 575,000	\$ 0	-100.00%	\$ 0	N/A
5C0	440-615	Alcohol Testing and Permit	\$ 1,110,949	\$ 1,088,051	\$ 1,455,405	\$ 1,455,405	0.00%	\$ 1,455,405	0.00%
5CB	440-640	Poison Control Centers	---	\$ 200,000	\$ 200,000	\$ 150,000	-25.00%	\$ 150,000	0.00%
5CN	440-645	Choose Life	---	---	\$ 75,000	\$ 75,000	0.00%	\$ 75,000	0.00%
5D6	440-620	Second Chance Trust	\$ 976,476	\$ 1,133,067	\$ 1,054,951	\$ 1,054,951	0.00%	\$ 1,054,951	0.00%
5E1	440-624	Health Services	\$ 563,952	---	\$ 0	\$ 0	N/A	\$ 0	N/A
5EC	440-650	Health Emergency	---	---	---	\$ 15,312,500	N/A	\$ 0	-100.00%
5ED	440-651	Smoke Free Indoor Air	---	---	---	\$ 800,000	N/A	\$ 800,000	0.00%
5G4	440-639	Adoption Services	\$ 5,590	---	\$ 20,000	\$ 20,000	0.00%	\$ 20,000	0.00%
5L1	440-623	Nursing Facility Technical Assistance Program	\$ 460,649	\$ 531,657	\$ 617,517	\$ 664,282	7.57%	\$ 698,595	5.17%
610	440-626	Radiation Emergency Response	\$ 522,496	\$ 555,843	\$ 850,000	\$ 850,000	0.00%	\$ 850,000	0.00%

**FY 2008 - 2009 Final Appropriation Amounts**

**All Fund Group**

<i>Line Item Detail by Agency</i>			<i>FY 2005:</i>	<i>FY 2006:</i>	<i>FY 2007 Adj. Appropriations:</i>	<i>FY 2008 Appropriations:</i>	<i>% Change 2007 to 2008:</i>	<i>FY 2009 Appropriations:</i>	<i>% Change 2008 to 2009:</i>
<b><i>DOH Health, Department of</i></b>									
666	440-607	Medically Handicapped Children - County Assessments	\$ 13,079,849	\$ 8,744,622	\$ 14,320,687	\$ 14,320,687	0.00%	\$ 14,320,687	0.00%
<b>State Special Revenue Fund Group Total</b>			<b>\$ 37,286,264</b>	<b>\$ 39,778,176</b>	<b>\$ 52,128,173</b>	<b>\$ 74,910,263</b>	<b>43.70%</b>	<b>\$ 57,569,973</b>	<b>-23.15%</b>
R14	440-631	Vital Statistics	\$ 52,857	\$ 43,882	\$ 70,000	\$ 70,000	0.00%	\$ 70,000	0.00%
R48	440-625	Refunds, Grants Reconciliation, & Audit Settlements	\$ 14,606	\$ 13,131	\$ 20,000	\$ 20,000	0.00%	\$ 20,000	0.00%
<b>Holding Account Redistribution Fund Group Total</b>			<b>\$ 67,463</b>	<b>\$ 57,013</b>	<b>\$ 90,000</b>	<b>\$ 90,000</b>	<b>0.00%</b>	<b>\$ 90,000</b>	<b>0.00%</b>
<b><i>Health, Department of Total</i></b>			<b>\$ 541,842,834</b>	<b>\$ 543,156,555</b>	<b>\$ 582,625,782</b>	<b>\$ 623,678,762</b>	<b>7.05%</b>	<b>\$ 614,409,857</b>	<b>-1.49%</b>